



is "From East Tennessee Hands"

MARYVILLE FARMERS' MARKET 2020 VENDOR APPLICATION

(Season: April 18 - November 14, 2020)

The Maryville Farmers' Market is a not-for profit organization whose purpose is to give small growers a retail outlet for their products .

Please complete this application and submit with a \$20.00 non-refundable fee by April 30th, a \$40 non-refundable fee until June 1st. After June 1st, all applications are subject to approval by the Board.

MARYVILLE FARMERS' MARKET POST OFFICE BOX 7286 MARYVILLE, TN 37802

Name: _____

Farm/Business Name: _____

Address: _____

County: _____ City: _____ Zip: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Office: () _____ - _____

Email Address: _____

***email address necessary for you to receive Vendor News Updates**

Address of location(s) where products are raised/produced. (NOTE: all products must come from East TN- please refer to Rules and Procedures for explanation). Please provide directions or a map on the reverse side of this application:

I am a: ___ individual ___ family Are you 18 years or older: ___ Yes ___ No

Do you plan to attend every Saturday Market during the season? ___ Yes ___ No

If no, please list how many markets you plan to attend and the dates you plan to attend.

Farmers and Growers: Please check each category in which you plan to bring to the market:

Fruits: ___ Vegetables: ___ Cut-Herbs: ___ *Meat: ___ *Poultry: ___ *Seafood: ___

Eggs: ___ *Dairy: ___ Baked Goods: ___ Honey: ___ Cut Flowers: ___ Fiber: ___

*** Requires Certification***

(NOTE: On the reverse side, please include each item that will be sold at the market.)

In Soil Bedding Plants/Flowers/Herbs: ___ Vegetable Plants: ___ **(NOTE: Must have T.D.A. certification)**

Processors and Prepared food Vendors: Please check each category in which you plan to bring to the market:

Breads and Baked Goods: ___ Jams and Jellies: ___ Soaps: ___ Lotions: ___

Other (please specify): _____

Who will represent you to assist with sales at the Market in the event that you are not available?

Are any of your products Organic? ___ Yes ___ No. If so, which ones? _____

NOTE: Please provide copies of all certifications with application.

Please provide the name and phone number of two persons who will serve as a reference attesting to the quality of your product(s):

Name: _____ Phone: (____) _____ - _____

Name: _____ Phone: (____) _____ - _____

Your answers on this application will not negate your participation in the Market. All applications will be reviewed by the Board of Directors. Therefore, a minimum of two weeks processing time is required prior to vendor selling products at the Market. Approval to sell is dependent upon authorization by the Board. Maryville Farmers' Market will keep this application as an official record.

Release, waiver, and assumption of risk:

I, the undersigned, am fully aware and understand the potential risks involved with my participation in the Maryville Farmers' Market. Specific dangers include damage to personal property, loss of personal inventory, serious physical injury, or death.

Additional dangers include and are not limited to damages due to inclement weather and other reasonably anticipated risks that accompany participation in such an event. I acknowledge that I voluntarily participate in this event. I hereby agree to assume all risk of injury, damage to persons and property and/or death, and to hold the City of Maryville, Maryville Farmers' Market, and its volunteers, officers, agents, or employees harmless from any liability for any injuries, or claim for damage, damage to goods or death that may arise in connection with my participation in this market. This Hold Harmless Agreement also pertains to any actions of negligence by the City of Maryville, Maryville Farmers' Market, and its volunteers, officers, agents, or employees which may have caused or contributed to the injury, damages, or death.

This agreement shall be binding upon my heirs and dependents as well as me. I participate freely and voluntarily in this market and expressly assume all of the risks of the event. I have also read and agree to abide by all the rules and regulations of the Maryville Farmers' Market.

Applicant: _____ **Date:** _____

I have read the rules and procedures and understand them and agree to abide by them. (Refer to Maryville Farmers' Market Rules and Procedures)

Signed: _____ **Date:** _____

The mission of the Maryville Farmers' Market is to promote the sale of local farm products; to improve the freshness, taste, and nutritional value of produce available; to encourage more social contact between the consumer and farmer, to educate the public as to the agricultural traditions of East Tennessee; and to celebrate and help preserve family farms.

Vendor Code of Conduct: Vendors are expected to behave courteously to customers, other vendors, and market staff and to conduct themselves professionally at all times. Vendors are not to publicly disparage other vendors, products or markets. It is the market's intent to serve the public and create a friendly atmosphere that will benefit both the vendors and customers. Behavior by vendors or their family members that is disruptive, abusive, or threatening towards other members, the public, or the market coordinator is not allowed. If there is a grievance, it should be brought to the Market Manager's attention first. If the grievance is not solved, the Market manager will require that a grievance form be filled out and the grievance will be brought to the Board's attention.

Vendor Signature: _____ **Date:** _____

OFFICIAL USE ONLY:

Renewal: ____ New: ____ Date Received: _____
Date Paid: _____ Check No.: _____ or Cash: _____ or Credit: _____
Number of Spaces: ____ One ____ Two ____ Three (\$20.00 per space)
Date Inspected: _____ Inspected By: _____ Approved: ____ Yes ____ No
Date Vendor Notified: _____ Mileage: _____

